

2014
CITY OF FARMERS BRANCH SENIOR CENTER
TRANSPORTATION & LIABILITY WAIVER

PLEASE PRINT

NAME: _____

In consideration of the use and availability of the services of a van, bus, car, or any City vehicle, I hereby agree to release, relieve, hold harmless, and indemnify the City, the Senior Center, and their respective officers, agents, servants, and employees from all liability and claims arising out of any accidents or injury suffered or incurred by me while entering, exiting, using or riding in the van, bus, car or any City vehicle, except for acts of negligence of the said City's officers, agents, servants and employees.

In consideration of the use and availability of the services and facilities by me, I hereby agree to release, relieve, hold harmless, and indemnify the City, the Senior Center, and their respective officers, agents, servants, and employees from all liability and claims arising out of any accident or injury suffered or incurred by me while participating in any program sponsored, organized or supervised by the Center or City, except for acts of gross negligence or intentional acts of the said officers, agents, servants, and employees.

Participant's Signature

Today's Date

PLEASE PRINT THE FOLLOWING INFORMATION:

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

DATE OF BIRTH: _____ **SEX (please circle one)** **Male** **Female**
Month / Day / Year

HOME PHONE # _____ **CELL PHONE #** _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ **RELATION:** _____

HOME PHONE # _____ **WORK #** _____

CELL PHONE # _____

A new Liability Waiver is required each year. Also, during the year if any of your information changes please fill out a new Liability Waiver.